

PRIVACY ACT STATEMENT

GENERAL: This information is provided pursuant to public law 93-579 (Privacy Act of 1974) December 31, 1974.

AUTHORITY: 5 USC, Chapter 71, Federal Service Labor-Management Relations Statute. Negotiated agreements between the San Francisco District and the International Federation of Professional and Technical Engineers (IFPTE).

PURPOSE AND USE: The purpose of the Grievance Form is for the employee to provide personal information about an incident or procedure for which there is a belief that corrective action is appropriate. Personal data concerning the individual employee, such as name, employee number, etc., is required for identification purposes.

The information provided is used in discussing the complaint or grievance with various levels of District management, in the presence of IFPTE representative, if requested, and others authorized in the negotiated agreement. The grievance could also go before an impartial third party and a recorder (if necessary) for resolution. In addition, grievance and information submitted may be used for general analytical and statistical purposes and as examples in other similar proceedings.

EFFECTS OF NON-DISCLOSURE: The disclosure of this information is voluntary. The grievance, however, will not be processed nor any further action taken regarding the employee's complaint, including any decision, without providing the information requested.

FROM: (Employee's name)	OFFIC	E SYMBOL:	PHONE NO:	POSITION TITLE:		
TO: (Appropriate Supervisor, Division	or Management Off	ficial)				
GRIEVANCE INFORMATION						
1 st STEP: 2 nd STEP:	3 rd STEP: _	I W	ill be representing m	yself: YES NO		
Date: Date:	Date: _					
DATE GRIEVANCE OCCURRED:	DATE SUBMITTE	ED TO FIRST STE	EP: DATE OF REP	LY TO FIRST STEP:		
NAME OF IFPTE REPRESENTATIVE	OFFIC	E SYMBOL	IMMEDIATE S	UPERVISOR'S NAME:		
On the date indicated above, a grievance occurred which I presented to my supervisor. His/her reply was not satisfactory to me and I, therefore, irrevocably elect to pursue my grievance through the formal negotiated grievance procedure.						
GRIEVANCE: (Give names, dates, places, and other necessary details; attach supporting documents, and summarize discussion with immediate supervisor.) (Use additional pages if necessary.)						
, , ,		, , , , , , , , , , , , , , , , , , ,				
CORRECTIVE ACTION DESIRED:						
SIGNATURE: (Employee)	DATE:	SIGNATURE:	(IFPTE Officer)	DATE:		
RECEIVED BY: (Appropriate Manage	ment Official)		DATE:	TIME:		



GRIEVANCE INFORMATION

GRIEVANCE: (Give names, dates, places, and other necessary details; attach supporting documents, and summarize discussion with immediate supervisor.) (Use additional pages if necessary.) CORRECTIVE ACTION DESIRED: SIGNATURE: (Employee) DATE: SIGNATURE: (IFPTE Officer) DATE: RECEIVED BY: (Appropriate Management Official) DATE: TIME:	(Continuation Sheet)						
SIGNATURE: (Employee) DATE: SIGNATURE: (IFPTE Officer) DATE:	GRIEVANCE: (Give names, dates, places, and other necessary details; attach supporting documents, and summarize discussion with immediate supervisor.) (Use additional pages if necessary.)						
SIGNATURE: (Employee) DATE: SIGNATURE: (IFPTE Officer) DATE:							
SIGNATURE: (Employee) DATE: SIGNATURE: (IFPTE Officer) DATE:							
SIGNATURE: (Employee) DATE: SIGNATURE: (IFPTE Officer) DATE:							
SIGNATURE: (Employee) DATE: SIGNATURE: (IFPTE Officer) DATE:							
SIGNATURE: (Employee) DATE: SIGNATURE: (IFPTE Officer) DATE:							
SIGNATURE: (Employee) DATE: SIGNATURE: (IFPTE Officer) DATE:							
SIGNATURE: (Employee) DATE: SIGNATURE: (IFPTE Officer) DATE:							
SIGNATURE: (Employee) DATE: SIGNATURE: (IFPTE Officer) DATE:							
SIGNATURE: (Employee) DATE: SIGNATURE: (IFPTE Officer) DATE:							
SIGNATURE: (Employee) DATE: SIGNATURE: (IFPTE Officer) DATE:							
SIGNATURE: (Employee) DATE: SIGNATURE: (IFPTE Officer) DATE:							
SIGNATURE: (Employee) DATE: SIGNATURE: (IFPTE Officer) DATE:							
SIGNATURE: (Employee) DATE: SIGNATURE: (IFPTE Officer) DATE:							
SIGNATURE: (Employee) DATE: SIGNATURE: (IFPTE Officer) DATE:							
SIGNATURE: (Employee) DATE: SIGNATURE: (IFPTE Officer) DATE:							
SIGNATURE: (Employee) DATE: SIGNATURE: (IFPTE Officer) DATE:							
SIGNATURE: (Employee) DATE: SIGNATURE: (IFPTE Officer) DATE:							
SIGNATURE: (Employee) DATE: SIGNATURE: (IFPTE Officer) DATE:	CORRECTIVE ACTION DESIRED:						
	CONTROL OF THE PROPERTY OF THE						
RECEIVED BY: (Appropriate Management Official) DATE: TIME:	SIGNATURE: (Employee) DATE: SI	GNATURE: (IFPTE Officer)	DATE:				
	RECEIVED BY: (Appropriate Management Official)	DATE:	TIME:				